

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 09-MAR-2015		TIME 21:45:00		2. ADDRESS OF OCCURRENCE 3151 W HARRISON ST CHICAGO, IL 60612				3. LOCATION CODE 281		4. BEAT/OCCUR 1134						
	5. POSITION 9161	6. LAST NAME BARRIOS	7. FIRST NAME ARDELIA	8. STAR NO. 5795	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 505	12. HT. 505	13. WT. 129								
SUBJECT INFORMATION	14. DATE OF APPT 29-OCT-2007		15. EMPLOYEE NO. 011		16. UNIT & BEAT OF ASSIGNMENT 1131		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20. LAST NAME THOMAS		21. FIRST NAME MAKELA		22. M.I. A	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 506	27. WT. 506							
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS ST ANTHONY DE PADUA HOSPITAL		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), FEET <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST ANTHONY DE PADUA HOSPITAL		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized		36. CHARGES PLACED 625 ILCS 5.0/6-303-A, 9-12-050(B), 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-1-A, 720		37. CB NO. 19075054		IN NO. [REDACTED]						
WEAPON DISCHARGE INCIDENT	38. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE								
	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____								
CASE INFO.	39. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____		40. ADDITIONAL INFORMATION		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS OTHER						
			45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]								
SIGNATURES	49. TASER DART ID NO [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID NO [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]								
	54. SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55. PROPERTY INVENTORY NO [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 0		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]								
70. EVENT NO. 1506816264	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO								
	64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]						
71. RD NO. HY178182																	
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																	
72. REPORTING MEMBER (Print Name) BARRIOS, ARDELIA 10-MAR-2015 01:14:11				STAR/EMPLOYEE NO 5795		SIGNATURE [REDACTED]		73. REVIEWING SUPERVISOR (Print Name) TOPCZEWSKI, BRYAN T				STAR NO. 2347		SIGNATURE [REDACTED]		DATE REVIEWED 10-MAR-2015 01:16:46	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																	

1014111  
BRYAN T

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR: 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

Upon the subject returning from the hospital for injuries she incurred, R/Lt. attempted to interview the subject regarding her actions in which she kicked at the officer who was attempting to remove her boot during a custodial search. The subject refused to acknowledge R/Lt's presence, R/Lt's the subject several times if she would like to make a statement but received no response.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/WO reviewed all reports and concluded that the member's actions were in compliance with Department procedures and directives. R/WO was also present when the subject kicked at the officer in Cell A-3. R/WO notified CPIC - P.O. Chibe # 7303 @ 2340 hrs. regarding the injuries the Subject received when she kicked at P.O. Barrios # 5795 and fell onto the lock-up bench in Cell A-3, thus cutting her chin. CL # 107411 / EO # 15 - 009

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 107411 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BAIO, ANTONIO M

SIGNATURE



DATE COMPLETED

10-MAR-2015

TIME

02:10:39

79. TOTAL TIME THIS EVENT No